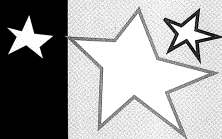
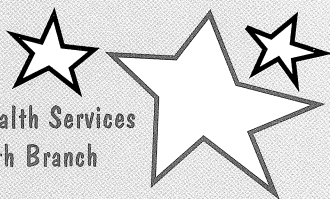


Adolescent Sibling Pregnancy Prevention Program (ASPPP) Standards

California Department of Health Services
Maternal and Child Health Branch

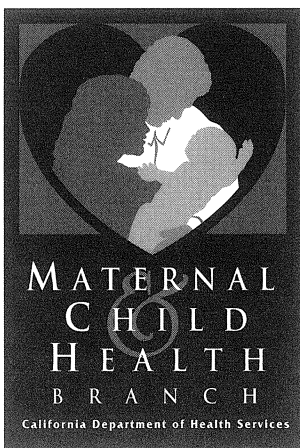


May 2000

**Adolescent Sibling
Pregnancy Prevention Program (ASPPP)
Standards**

**California Department of Health Services
Maternal and Child Health Branch**

MAY 2000



Adolescent Sibling Pregnancy Prevention Program Standards

Prepared by the

California Department of Health Services
Maternal and Child Health Branch

This document was edited and prepared
by the Department of Health Services.

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Maternal and Child Health Branch



DEDICATION

These Standards are dedicated to the teen clients and their case managers in the Adolescent Sibling Pregnancy Prevention Program. We believe that siblings of pregnant and/or parenting teens have the capacity to make healthy decisions and lifestyle choices especially when alternatives are offered in a supportive, non-judgmental way. They will demonstrate, as role models, to other young people that delaying early sexual activity, child bearing, and parenting is an achievable, as well as acceptable, goal in today's world.





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PREFACE

The Adolescent Sibling Pregnancy Prevention Program (ASPPP) is patterned after the Adolescent Family Life Program (AFLP) which was based on three successful case management models developed in Los Angeles and San Francisco and originally funded by grants from the Federal Office of Adolescent Pregnancy. In 1988, legislation provided permanent statutory authority for the AFLP.

In Fiscal Year 1996/97, the California State Legislature recognized the benefits of the case management services offered by the AFLP. An additional ten million dollars was appropriated to augment and expand the AFLP. In addition to providing the funding for additional services to pregnant and/or parenting adolescents, the legislature also earmarked a portion of the allocated funds to provide case management services to their non-pregnant, non-parenting siblings. Three million dollars was set aside to create the ASPPP to provide case management services to non-pregnant, non-parenting siblings of both the AFLP and Cal-Learn clients. This would provide services to more than two thousand eligible adolescents between the ages of 11 and 17 years of age.

Although there are many influences contributing to early sexual activity and childbearing, certain risk factors or potential indicators may contribute to early teenage pregnancies. They are:

- Substance abuse
- Occurrence of fighting, stealing, violence, criminal activity or other behavioral problems
- Deterioration of the parent-child relationship
- Decline in school performance
- Inadequate parenting skills by either mother or father which require the teen to prematurely assume adult roles
- Inappropriate-for-age sexual activities

Findings suggest that younger siblings - both sisters and brothers - of a pregnant or parenting adolescent may adopt more liberal sexual and childbearing attitudes, view school and career pursuits more pessimistically and engage in more problem behavior such as early sexual activity. Permissive attitudes about sexual and childbearing behavior occur among younger siblings because older siblings serve as important role models for younger children within the family. Once younger siblings see their older sisters pregnant or parenting, they may

become more accepting of early sexual activity and early parenthood themselves and may even view parenthood as the norm for early teenage years.

The purpose of the ASPPP is to provide case management which includes education, counseling, and support services to non-pregnant, non-parenting siblings of a pregnant and/or parenting adolescent in order to prevent early and unplanned pregnancies. Sibling is defined as a brother or sister of an AFLP or Cal-Learn client who has at least one common person who brings up and cares for them.

The goal of the ASPPP is to discourage early pregnancy and parenting. Other goals include:

- Improving self esteem
- Encouraging the siblings to stay in or return to school
- Providing access to needed services.
- Helping the siblings see that they have many options in life and delaying pregnancy keeps their options open.
- Aiding the siblings in the development of skills and behaviors required to make healthy life style choices.





ACKNOWLEDGEMENT

The California Department of Health Services' Maternal and Child Health Branch would like to acknowledge the dedication and hard work of the Adolescent Family Life Programs (AFLP) that have provided case management services to pregnant and parenting adolescents since 1985. Their dedication to improving the lives of the young people of the State of California continues to be reflected in the desire to provide innovative and quality case management service to the siblings of the AFLP and Cal-Learn clients. These services are based on the unique, individual developmental needs of the sibling clients which are the foundation of the Adolescent Sibling Pregnancy Prevention Program (ASPPP) Standards.

We would especially like to recognize the AFLP Regional Representatives who brought the collected wisdom of hundreds of staff, clients, and community resources to the table with them. These dedicated individuals assisted tirelessly in the revisions of the AFLP Standards and the development of the ASPPP Standards.

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STATEMENT OF PHILOSOPHY

We believe that human development is unique for each individual. Many personal, familial, societal, and environmental factors can affect the journey to maturity. The impact on the individual can be either negative or positive; however, with encouragement and support, the young person will develop the tools so that the less desirable factors will have a minimal effect on their quality of life.

When adequate resources are available, adolescents can make positive choices that will enhance their growth and development. They will have the skills and capacity to be emotionally and physically healthy, contributing, productive, fully-realized individuals.

We believe that a comprehensive, continuous case management model can promote the self-sufficiency of adolescents. A means of accomplishing this is by building relationships that help them to continue to advance along their developmental journeys.

In the commonality of human development, there is diversity. Comprehensive case management must respect the cultural richness of our society. The expression of developmental levels, access and acceptance of resources, the knowledge base and life experiences of the adolescents served by the program are all reflections of diversity. Further, case management draws and builds on the uniqueness of the individuals involved - both clients and case managers.

The Adolescent Sibling Pregnancy Prevention Program seeks to draw together community resources to assist adolescents to realize their potential as individuals in society. The program develops relationships, educates, and works in partnership with community resources to provide optimum services. Success in the program is achieved through the shared responsibility among all those involved; the adolescents, the families, their case manager, and the community.





MISSION STATEMENT

The mission of the Adolescent Sibling Pregnancy Prevention Program (ASPPP) is to:

- Use case management to enhance, through associations with families and community resources, the health, educational potential, economic opportunity, and self-sufficiency of adolescents to prevent pregnancy and to promote healthy family relationships.
- Develop nurturing relationships in which case managers and adolescents served by the program can work together to prevent pregnancy.
- Promote the development of collaborative, integrated systems of care to support these adolescents to make healthy life style choices.
- Respect the unique, culturally-defined needs of our various client populations and communities.



GOALS

*T*he siblings of pregnant and/or parenting adolescents will be served by effective, comprehensive networks of local programs and agencies.

*T*he siblings of pregnant and/or parenting adolescents will be encouraged and supported through a process of continuous case management in developing a healthy sense of themselves and their potential as individuals.

*R*elationships among adolescents, their families, and their support networks will be healthy and mutually enhancing.

*A*dolescents served by the Adolescent Sibling Pregnancy Prevention Program (ASPPP) will use health care resources to achieve and maintain optimal physical and mental health.

*A*dolescents served by the ASPPP will be provided with tools enabling them to make healthy lifestyle choices.

*T*he adolescents served by the ASPPP will develop educational and/or vocational goals for themselves.

*A*dolescents served by ASPPP will live, work, and go to school in safe, healthy environments.

*A*dolescents will plan for prevention of pregnancies.

*A*dolescents served by ASPPP will develop the knowledge, skills, and behaviors needed to make healthy choices.



Standard 1: SYSTEMS OF CARE

ASPPP provider agencies seek to establish, sustain and enhance systems of care on the local, county, and state levels. These systems represent multi- and transdisciplinary partnerships that integrate developmentally appropriate adolescent services focusing on the health, education, and psychosocial needs of youth.

Rationale

Coordinated, comprehensive and continuous systems of care ensure effective utilization of, improved accessibility to, and availability of services, as well as monitoring of service gaps and barriers.

Structure Criteria

- ASPPP systems of care incorporate multi-level interventions for the integration of services to the client, family, community, and service providers.
- ASPPP systems of care are comprised of local, county, and state programs and agencies focused on unique needs of youth.
- ASPPP systems of care are representative of the populations they serve, i.e., culturally diverse and cognizant of adolescent developmental stages and phases.

Process Criteria

ASPPP systems of care:

- Utilize providers who have methods to draw together community resources to assist adolescents and their families and to create partnerships to better serve clients and their families.
- Utilize providers who participate in comprehensive collaborations comprised of programs and agencies focused on unique needs of youth.
- Utilize providers who incorporate culturally diverse and developmentally appropriate interventions.

Outcome Criteria

- Documentation in program files represents comprehensive, collaborative efforts to address the unique needs of youth.
- Documentation of system of care providers demonstrates a broad spectrum of diversity for culture, age, language, and other unique needs of youth.



Standard II: PROGRAM ADMINISTRATION AND MANAGEMENT

The ASPPP provider fulfills administrative and management functions necessary to achieve the Mission and Goals of the ASPPP and to meet the contractual requirements of the California Department of Health Services, Maternal and Child Health (MCH) Branch.

Rationale

The provider must have the fiscal and administrative capabilities to provide a system that assures the effectiveness and quality of services using available resources.

Structure Criteria

The provider has:

- organizational and program protocols or policies and procedures that are congruent with current contract policies and current MCH/ASPPP Standards;
- the human and material resources necessary to manage the fiscal and program administration of the MCH/ASPPP contracted scope of work;
- a protocol or policy and procedures for orientation and in-service education for all case management staff;
- a Management Information System (MIS) for use in program evaluation;
- a protocol or policy and procedures for maintaining continuity of care for clients during service interruptions, e.g., natural disasters and staff vacancies.
- a protocol or policy and procedures for maintaining confidentiality of client information and records.

Process Criteria

The provider:

- develops, implements and annually reviews and updates, as needed, program services, protocols, or policies and procedures, and staff development plans;
- regularly submits invoices and other required reports;
- furnishes supervision of, consultation to, and staff development for personnel who provide client services;
- uses the MIS to promote effective program planning and implementation.

Outcome Criteria

- Written protocols or policy and procedures approved by MCH are in place that embody contract policies and MCH/ASPPP Standards that provide direction for personnel practices, fiscal management, and program client services.
- The provider receives reimbursement for clients served.
- The provider documents the orientation and in-service training activities in which case management personnel participate.
- The provider documents job descriptions and personnel performance reviews.
- Reports from MIS are used in program planning.
- The provider submits to the State MCH Branch semi-annual written narrative reports that detail progress toward meeting program objectives, as well as services provided, and staff development activities undertaken, and includes MIS information.
- The provider documents training to all their staff addressing issues of client confidentiality.



Standard III:

NETWORK COORDINATION

ASPPP providers participate in network coordination in their communities for the provision of services to adolescents and their families.

Rationale

Achieving a coordinated delivery system for adolescents is challenging and often affected by a scarcity of community resources. ASPPP providers must have a long-term commitment to collaborate with other community agencies to assure that appropriate and necessary services are available to clients.

Structure Criteria

The provider has an identified network of agencies and individuals who provide services to youth.

- Network services will be linked to the provider through linkage agreements such as memoranda of understanding (MOUs), and interagency agreements, and/ or service network meetings, and/or informally linked through the process of providing services to clients.

Process Criteria

The provider:

- coordinates and/or collaborates with public, private, and community service and programs to advocate for and promote development of client services through networking;
- facilitates, coordinates and/or participates in service network meetings at least quarterly;
- develops, negotiates, and updates written agreements with service providers, when appropriate.

Outcome Criteria

The service network meetings are documented in meeting minutes.

- Written agreements (letters of agreement, MOUs, interagency agreements) define reciprocal roles and responsibilities for the ASPPP and the network service provider and describe referral and follow-up procedures for linking clients to services.
- MIS documents service provision.



Standard IV:

OUTREACH AND CASE FINDING

The ASPPP provider conducts outreach and case finding activities to identify youth and adolescents 11 to 17 years of age who are non-pregnant/non-parenting siblings of AFLP or Cal-Learn clients and exhibit risk factors or potential indicators of behaviors which will lead to early teenage pregnancy.

Rationale

Case management programs are directed toward targeted high-risk client populations. Outreach and case finding assures that appropriate and eligible clients are referred to the program.

Structure Criteria

The provider has protocols or policy and procedures:

- for informing agencies, service providers and potential clients of program eligibility requirements, program services, referral procedures and status of caseload;
- for the enrollment of clients based on risk factors;
- for enrollment of clients regardless of school re-enrollment status or source of medical care;
- for enhanced outreach for clients at higher risk based on MCH Year 2000 Objectives (e.g., African Americans, Latinos, and Native Americans);
- for enhanced outreach for clients at higher risk because they are not receiving services from other providers.

Process Criteria

ASPPP Staff:

- implement outreach activities to recruit new clients and generate referrals to the program;

- educate community about the ASPPP, including its primary pregnancy prevention efforts and eligibility requirements to ensure the most appropriate client referrals possible.

Outcome Criteria

- Outreach activities to potential clients and community are documented in the semi-annual reports;
- The provider maintains a full caseload as defined by the months of service.



Standard V: INTAKE

The ASPPP provider has a structured, interactive process to enroll clients into the program.

Rationale

When clients enter into a service relationship voluntarily and as full participants, they are more likely to become invested and to follow through with active participation. Prior to choosing to participate, clients have the right to be fully informed about services offered, as well as about their responsibilities. The intake process also serves to gather information that the program must have to serve the client.

Structure Criteria

The provider has an intake protocol or policy and procedures, that at a minimum, addresses the following:

- general program information
- MCH/ASPPP data collection procedures
- client's rights
- grievance procedures
- client's right to confidentiality
- mandated reporting requirements related to abuse and threats of violence to self or others
- consent to participate, including parents/legal guardian consent, when required by law
- basic client demographics
- Lodestar intake form
- release of information that is time and provider specific
- assignment of a case manager whose month-end caseload does not exceed 40 clients
- a protocol or policy and procedures for responding to emergency needs the client reveals during the intake process.

Process Criteria

The ASPPP staff person conducting the intake:

- provides program information and discusses the content and purpose of the forms, and assists the client in signing and dating relevant forms;
- conducts the intake in a culturally, linguistically, and developmentally appropriate way;
- responds to emergency needs that the client reveals during the intake process.

Outcome Criteria

- Client intake data is recorded utilizing Lodestar MIS, and reflects the date of enrollment.
- Properly signed and dated intake forms are on file in the client's record.
- Response to emergency needs is documented in client's record.



Standard VI:

INITIAL CLIENT ASSESSMENT

The ASPPP case manager systematically collects, records, and analyzes client information to serve as a basis for developing the initial comprehensive Individual Service Plan (ISP).

Rationale

Effective interviewing, behavioral observations, and review of pertinent documents serve as basic information necessary to reach objective conclusions and to plan appropriate interventions.

Structure Criteria

The provider has a protocol or policy and procedures:

- for obtaining and recording assessment information in preparation for the development of the client's ISP;
- for assuring confidentiality of client information;
- for the assessment of clients that includes, at a minimum, the following elements as contained in the ASPPP Comprehensive Baseline Assessment;
 - general health
 - nutrition
 - family planning/health education
 - education/vocation
 - life skills
 - employment/job training
 - psychosocial (basic needs including degree of parental supervision, financial/legal, drug and alcohol history, mental health history)
 - safety/violence/abuse
 - social programs/special interests
 - religious community involvement
- for obtaining client assessment data from other sources, as needed, with client and parent/legal guardian (as required by law) consent;

- for completion of initial client assessment within thirty (30) days of consent to participate;
- which requires a home visit to assess the client's living environment as part of the initial client assessment.

Process Criteria

The Case Manager:

- participates with the client and the family, as appropriate, to identify strengths and weaknesses of the client's social support system;
- completes initial client assessments by gathering data from a variety of sources, evaluating the client's living environment, and by evaluating the extent to which the client's behaviors promote health and well being.

Outcome Criteria

- The initial assessment is completed in accordance with provider protocol or policy and procedure.
- The initial assessment is filed in the client's chart.
- The initial assessment data serves as the basis for the ISP.



Standard VII:

INDIVIDUAL SERVICE PLAN

The Case Manager and ASPPP client will develop an Individual Service Plan (ISP) during the initial assessment period within sixty (60) days of consent to participate with the ISP reviewed at least quarterly and revised as needed. The ISP specifies goals and interventions and delineates activities and services in response to the unique needs of the client.

Rationale

The ISP integrates all of the assessments into a goal-oriented, measurable strategy unique to each client for the purpose of making healthy lifestyle decisions.

Structure Criteria

Each client record/chart has an ISP:

- that specifies goals, objectives, services, time lines, progress, and roles of client and case manager;
- that may include, but is not limited to, the following elements:
 - general health
 - nutrition
 - family planning/health education
 - education/vocation
 - life skills
 - employment/job training
 - psychosocial (basic needs including degree of parental supervision, financial/legal, drug and alcohol history, mental health history, religious community)
 - safety/violence/abuse
 - social programs/special interests
- that includes interventions that are appropriate for the client's developmental level, health, education, and psychosocial functioning.

Process Criteria

The Case Manager:

- includes the client in ISP development to the client's level of social, emotional, and developmental ability, and the family, as available;
- incorporates information from service providers in ISP development and revision by means of case conferences, client record reviews, and agency supervision and/or consultation.

Outcome Criteria

- The client's record contains an ISP that documents quarterly reviews, revisions as needed, and client participation.
- The client record documents summaries of collaborative efforts and progress toward meeting the ISP goals and objectives.



Standard VIII:

CASE MANAGEMENT

ASPPP case management is a process that assures a client receives needed services within a complex multi and transdisciplinary system of care that facilitates achievement of a client's goals and objectives.

Rationale

This process incorporates ongoing assessments and monitoring of service utilization to increase the probability that the client will achieve the goals and objectives specified in the ISP.

Structure Criteria

The provider has:

- a resource list or file of available materials and/or services that may include, but is not limited to:
 - prevention of pregnancy
 - education and special education
 - health care
 - social services
 - employment and training
 - after school care
 - emergency support
 - legal
 - mental health (e.g., support groups and counseling)
 - nutrition
 - shelter
 - social programs(sports, arts, music)
 - youth clubs
 - relationship violence
 - religious communities
- a standard record format for each client that contains the necessary forms for documenting the implementation of comprehensive case management activities. This client record will include, at a mini-

mum, consents, the intake form, assessment forms, the ISP, Lode-star forms, and progress notes;

- a procedure for case managers' quarterly review of client records that documents and summarizes client status and progress towards identified goals;
- a procedure for providing for the exit of clients who: (1) move out of the area; (2) cannot be contacted for three consecutive months; (3) request termination; (4) have attained age 18 for both females and males; (5) have accomplished program goals; (6) choose not to complete goals at this time; (7) no longer need ASPPP services; or (8) become pregnant (within thirty (30) days of confirmation);
- a procedure for continuing services up to ninety (90) days beyond the required exit criteria to clients with special needs in special circumstances.

Process Criteria

The Case Manager will:

- inform clients about services that are appropriate and for which they and their families are eligible;
- provide clients with information for accessing services;
- work with clients and providers to ensure access to and coordination of services;
- advocate on behalf of clients with agencies and service providers;
- maintain a record of client and family-centered case management activities;
- evaluate client's status on a quarterly basis;
- evaluate clients for special needs requiring continued services;
- plan for client exit, as circumstances allow, to provide for a smooth transition to independence or other appropriate services.

Outcome Criteria

Each client's record documents that the client receives:

- information about and referrals to available and appropriate services;
- assistance in gaining access to services;
- a plan for referral and follow up.

Each client's record contains at a minimum:

- consents;
- an initial assessment;
- a current ISP;
- Lodestar forms;
- progress notes.



Standard IX:

MONITORING AND EVALUATION— CLIENT LEVEL

Each client's progress is monitored, at a minimum, on a monthly basis through client, collateral, and/or service provider contacts to assess appropriateness of and progress toward achievement of individual goals.

Rationale

Positive client outcomes are facilitated by service planning that is responsive to current developmental and situational client needs.

Structure Criteria

The provider:

- has a protocol or policy and procedures for making monthly face-to-face contact with clients;
- has a protocol or policy and procedures for making at a minimum, quarterly contact with collaterals and/or service providers;
- has a protocol or policy and procedure for documentation of all contacts.


Process Criteria

The Case Manager:

- makes contact with the client in the home at least quarterly (after the initial assessment) to stay current with the client's life situation;
- identifies barriers to services and emerging or changing client needs;
- evaluates the client's use of services by means of feedback from the client, collateral, and service providers.

Outcome Criteria

- The provider documents that service plans are revised as needed and evaluated at least quarterly.
- The client record documents activities, interventions, and/or barriers to achieve client goals and objectives.



Standard X: Monitoring and Evaluation— Systems of Care

Progress is monitored by the provider to determine the impact of local, county, and state initiatives; to ensure the effectiveness and appropriate utilization of service delivery; and to evaluate their capacity to address client needs.

Rationale

The assurance of coordinated and appropriate case management services is facilitated through a continuous evaluation of service provision capacity and effectiveness within existing systems of care.

Structure Criteria

The provider:

- has a protocol or policy and procedures for communication with providers within the system of care;
- has a protocol or policy and procedures for participating in development, modification and integration of local, county, and state initiatives that support comprehensive systems of care for youth;
- has a protocol or policy and procedures for incorporating statewide additions, revisions, and amendments to the Lodestar MIS.

Process Criteria

The provider:

- provides timely feedback and input to providers within the system of care;
- participates in development, modification and integration of local, county, and state initiatives that support comprehensive systems of care for youth;
- incorporates statewide additions, revisions, and amendments to the Lodestar MIS.

Outcome Criteria

- Documentation of coordination activities, summaries or minutes of meetings will be retained in program files.
- Documentation of local barriers to needed services will be retained in program files.
- Submission of any required documentation will incorporate additions, revisions, or amendments to the Lodestar MIS.



G L O S S A R Y

Adolescent Family Life Program (AFLP)

California Department of Health Services (DHS), Maternal and Child Health (MCH) Branch funds programs to provide continuous case management to pregnant and/or parenting adolescents and their infants within a comprehensive local network of services and resources with the goals of reducing the incidence of poor pregnancy outcomes, subsequent pregnancies, and assisting them in improving the quality of their health, social, and economic well-being.

AFLP Provider

An organization or agency contracting with MCH to provide case management services to pregnant and parenting adolescents as prescribed by the MCH contract and the AFLP Standards.

Adolescent Sibling Pregnancy Prevention Program (ASPPP)

The ASPPP provides case management services to non-pregnant and non-parenting siblings of pregnant and/or parenting adolescents in an effort to prevent pregnancy. ASPPP is based on the AFLP case management model.

Appropriate Services

Those services needed by clients to achieve program goals. Relevant services are determined by the client's individual needs and whether they were already receiving such services prior to enrollment in the program. This definition applies to both AFLP and ASPPP clients.

Audit

An examination of records or accounts to verify their accuracy. The audit may be done by DHS, Audits and Investigations, or by Federal auditors.

Case Finding

Efforts that result in the identification of adolescents who meet the eligibility requirements delineated in the AFLP and ASPPP Standards.

Case Management

An interactive process that includes the following components: (1) outreach and case finding, (2) intake, (3) assessment and ongoing assessment, (4) planning, (5) intervention, (6) monitoring of service provision, (7) advocacy on behalf of clients, and (8) evaluation of service delivery. It is conducted within a supportive multi- and transdisciplinary network. It is client-centered, culturally appropriate, and goal and outcome oriented.

Case Manager

The individual responsible for, but not limited to: (1) outreach, (2) assessing and reassessing needs, (3) problem solving, (4) counseling, (5) monitoring, (6) coordinating and evaluating services, and (7) acting as a client advocate.

Client

An adolescent who meets all requirements to enroll in the AFLP/ASPPP; who has chosen to participate; has been informed about services offered, as well as

their responsibilities; and has a signed consent form to participate in the program (including parents and legal guardians when required by law).

Client Contact

A face-to-face visit, group visit, or telephone contact with the client that provides one or more of the following services: counseling, monitoring, assessment and reassessment, evaluation, and/or crisis intervention.

Client Record

A confidential record of the client's intake information, assessments, individual service plan, progress notes, case management activities, and other relevant information.

Collateral

An individual who has regular contact with the client. This could be the parent, spouse, school counselor, therapist, or other such person.

**Comprehensive
Baseline Assessment**

An interactive, face-to-face process with the client that results in the determination of client needs. It incorporates the client's strengths and needs. The Assessment is the basis of the Individual Service Plan (ISP) and is evaluated on an ongoing basis.

Consultant

MCH Branch program professional responsible for advising, providing program and policy service delivery information, as well as monitoring and evaluating the effectiveness of the AFLP/ASPPP.

Contract

The written legal agreement between the AFLP/ASPPP provider and MCH Branch which delineates the roles, responsibilities, and services to be provided to eligible clients.

Contract Manager

The MCH Branch staff responsible for defining and interpreting contract language and assisting in determination of the fiscal and administrative components of the AFLP/ASPPP contracts.

**Cultural
Competence**

A system of care that acknowledges and incorporates, at all levels, importance of culture, the assessment of cross-cultural relations, vigilance towards the dynamics that result from cultural differences, expansion of cultural knowledge, and the adaptation of services to meet culturally-unique needs.

Deliverable

A product required by contract to be submitted by a specified date.

Family

For the purposes of AFLP/ASPPP, the term is broadly and liberally defined to include the pregnant and/or parenting adolescent and her partner, the mother or father of the index child, siblings, and parents of the teen parents; as well as other persons providing care and support to the pregnant/parenting teen and siblings.

Guideline

A description of specific recommendations of services for individuals or groups of clients to be provided in a variety of situations.

**Individual
Service Plan (ISP)**

The document that specifies goals, interventions, activities, services, and timelines in response to the unique needs of the client.

Intake

The interactive process to enroll a client into the program.

Interagency Agreement

A written agreement between the lead AFLP/ASPPP agency and another agency specifying what services are to be provided, how they are to be provided, referral systems, follow-up activities, and mutual responsibility for maintaining the agreement.

Interventions

Those services and activities needed to assist the client to ameliorate health, psychosocial, educational, vocational, daily living, or economic problems that may be acute, chronic, episodic, or emergent.

**Management Information
System (MIS)**

A computer program designed to collect data and produce reports (e.g., Lodestar).

**Memorandum of
Understanding (MOU)**

An internal instrument used among programs within a single agency that defines roles and responsibilities of participating programs.

**Months of Services
(MOS)**

A methodology of the Lodestar MIS for measuring the case management hours provided to clients enrolled in the AFLP/ASPPP.

Networking

A process for identifying availability of and access to services, assessing the effectiveness of the service delivery system, and information sharing.

Outcome

The state that results following services and/or activities provided to the client.

Outcome Criteria

A description of changes that should occur as a result of interventions geared to meet clients needs.

Outreach

Systematic identification of at-risk adolescents and their siblings as potential clients by informing the community in a target area of the availability of the program and services.

Policy

A written statement that governs an action in a particular (Standards Implementation) situation.

Procedure

A written description of the step-by-step technique of doing (Standards Implementation) a particular task.

Process

The series of actions or functions that bring about an end result.

Process Criteria

The policies, procedures, practice guidelines, plans, and documentation which define how the provider carries out the agency services.

Protocols	A written statement that governs an action in a particular (Standards Implementation) situation and a written description of the step-by-step technique of doing a particular task.
Scope of Work	The exhibit in the contract which defines the program goal(s), measurable objective(s), implementation activities, time line, and method(s) of evaluating the process and/or outcome of objective(s).
Service Network	A collaboration of agencies, programs, and individuals providing services to clients.
Sibling	A brother or sister of a pregnant or parenting adolescent enrolled in AFLP or Cal-Learn who has at least one common person responsible for their care and nurturing. For the purposes of AFLP/ASPPP, the non-pregnant/non-parenting sibling must be at least eleven years of age but no more than seventeen years of age at the time of enrollment.
Site Visit (Program Visit)	A visit by the Program Consultant and/or Contract Manager to an AFLP/ASPPP provider.
Standards	The foundation of practice which governs all levels of performance and professional behavior.
Standards Implementation	See Policy, Procedures, or Protocols.
Structure Criteria	The conditions and mechanisms needed to operate and guide the system at the provider level.
Waiting List	An organized log of <u>prioritized</u> clients waiting for entry into AFLP/ASPPP.



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